

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS5303AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/26/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>ADDIE'S HOME CARE, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7955 TRAIL HEAD DR LAS VEGAS, NV 89113</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of an initial state licensure survey conducted at your facility on November 26, 2008.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility requested a licensed for 9 total beds. The facility is eligible for (8) beds at this time (see Tag Y 0300).</p> <p>The facility had the following category of classified beds: Category 2 beds.</p> <p>The facility had the following endorsements: Residential facility which provides care to elderly or disabled persons</p> <p>The census at the time of the survey was 0. One mock resident files were reviewed and 4 employee files were reviewed.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 067	<p>449.196(1)(c) Qualifications of Caregiver- Read regulation</p> <p>NAC 449.196</p>	Y 067		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 067	Continued From page 1  1. A caregiver of a residential facility must: (c) Understand the provisions of NAC 449.156 to 449.2766, inclusive, and sign a statement that he has read those provisions.  This Regulation is not met as evidenced by: Based on review of personnel records, the facility failed to ensure two (2) of four (4) employees had read and signed a statement under the provisions of NAC 449.156 to 449.2766, inclusive.  Findings include:  Employees #3 and #4 lacked documentation in their files of a signed statement that indicated they read and understood the provisions of NAC 449.156 to 449.2766, inclusive.	Y 067			
Y 072	449.196(3) Qualifications of Caregiver-Med re-training  NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with satisfactory evidence of the content of the training and his attendance at the training; and	Y 072			

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Y 104	Continued From page 3  references checked by the facility in his file.	Y 104		
Y 105	449.200(1)(f) Personnel File - Background Check  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.  This Regulation is not met as evidenced by: Based on review of personnel files, the facility failed to ensure two (2) of four (4) employees had evidence of background checks.  Findings include:  Employees #3 and #4 had no evidence of a background check in compliance with NRS 449.176 to 449.185, inclusive.	Y 105		
Y 300	449.218(1) Bedrooms - Size Requirements  NAC 449.218 1. A bedroom in a residential facility that is shared by two or three residents must have at least 60 square feet of floor space for each resident who resides in the bedroom. A resident may not share a bedroom with more than two other residents. A bedroom that is occupied by only one resident must have at least 80 square feet of space.	Y 300		

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Y 300	Continued From page 4  This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure sufficient space was available for all bedrooms intended to be shared by 2 or 3 residents.  Findings include:  Bedroom #3 was equipped with two beds, a night stand and a chest of drawers. The room measured 54.1 square feet of living space for each of two residents.  Note: Bedroom #1 measured 152.6 square feet proposed for 2 residents. Bedroom #2 measured 162.4 square feet proposed for 2 residents. Bedroom #3 measured 108.2 square feet proposed for 2 residents. Bedroom #4 measured 225 square feet proposed for 3 residents.	Y 300		
Y 356	449.222(6) Bathrooms and Toilet Facilities  NAC 449.222 6. Bathroom doors that are equipped with locks must open with a single motion from the inside without the use of a key. If a key is required to open a lock from outside the bathroom, the key must be readily available at all times.  This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure bathroom doors were equipped with locks that opened with a single motion.  Findings include:	Y 356		

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Y 356	Continued From page 5  The door knobs for Bathrooms #1, #2 and #3 were equipped with locks that could not be opened from the inside in a single motion.	Y 356			

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